



Class/Program Registration Form

Adult Name (Last)	(First)	(M.I.)	Date of Birth
Address		City	Zip
Day Phone	Evening Phone	Emergency Name/Phone	
Email			

Activity Title / Activity #	Participant Name First Last	Fee	Date of Birth	M/F
Payment Type	Date	Total \$		

Please review the Harrisonburg Parks and Recreation Program Refund Policy at www.harrisonburgva.gov/activities.

Disclaimer: The schedule of classes is published for information purposes only. We strive to produce the most accurate program guide possible. However, some program information may have changed after this has gone to print. We will make every effort to notify participants of the changes.

Register for some programs online at www.harrisonburgva.gov/program-registration.

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